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ABSTRACT

One factor related to postrape trauma is the survivor's belief about the cause of the rape. Most research to date on the relation between causal attributions and postrape recovery has been guided by a theoretical model which proposes that certain types of self-blame can be adaptive for survivors. Specifically, behavioral self-blame is thought to be related to better adjustment because it is associated with a sense of future control. On the other hand, characterological self-blame involves attributions to aspects of self that cannot be changed, and hence cannot be seen as helpful. Moreover, and more often, thinking about why the rape occurred is associated with greater depression immediately postrape. This study examined the relations between attributions and recovery among female students raped an average of almost 9 years previously. Data were collected on 282 female undergraduate students, 60 of whom reported experiences that met the legal definition of rape. Participants who had been raped completed five 5-item Likert scales regarding their attributions about rape (behavioral self-blame, characterological self-blame, how often they thought about why the rape occurred, the extent to which the past rape was avoidable, and likelihood of future rape). Results indicated both behavioral and characterological self-blame are associated with poorer recovery for survivors of rape. Neither behavioral self-blame nor perceptions of past control were associated with the belief that future rapes are less likely. Future research thus should examine future control beliefs. Helping survivors achieve a sense of control over the future may be a more useful counseling strategy than focusing on why the rape occurred. (ABL)

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Causal Attributions and Recovery from Rape: Implications for Counseling

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Abstract

One factor related to postrape recovery is the survivor's attribution about the cause of the rape. Prior research suggests that self-blame and more often thinking about why the rape occurred are associated with greater depression and that a sense of future control is associated with less depression immediately postrape. This study examined the relations between attributions and recovery among female students raped an average of almost 9 years previously. Results replicated past research and suggested that attributions are related to other aspects of recovery besides depression. Helping survivors achieve a sense of control over the future may be a more useful counseling strategy than focusing on why the rape occurred.

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Introduction

Current research indicates that approximately one woman in five will be raped in her lifetime (Koss, in press). Because of both the prevalence and trauma of rape, counselors often work with women who have been victimized. For example, a recent study revealed that 93% of a sample of therapists had treated at least one sexual assault survivor (Dye & Roth,, 1990). In another study, 22% of the clients at a University-based women's counseling center reported having been raped (Frazier & Cohen, 1992). It therefore is critical for counselors to be knowledgeable about the effects of rape and about factors that might influence postrape recovery.

Most research to date on correlates of postrape trauma has focused either on characteristics of survivors (e.g., age) or of the assault (e.g., severity). This information can be useful in identifying survivors who may be at risk of developing more severe mental health problems. On the other hand, because these factors cannot be changed, they do not suggest ways to intervene to improve recovery. Factors associated with recovery that are <u>modifiable</u> and that can be targeted in treatment approaches need to be identified.

One factor related to postrape trauma that <u>is</u> modifiable is the survivor's belief about why the rape occurred (i.e., her causal attribution). Most research to date on the relations between causal attributions and postrape recovery has been guided by a theoretical model which proposes that certain types of self-blame can be adaptive for rape survivors (Janoff-Bulman, 1979). Specifically, <u>behavioral self-blame</u> is thought to be related to better adjustment because it is associated with a sense of future control. That is, survivors may feel that, by changing their behaviors, they could have avoided the rape and can avoid being victimized in the future. On the other hand, <u>characterological self-blame</u> involves attributions to aspects of the self that cannot be changed. Blaming the rape on such unchangeable factors is not thought to lead to the same sense of control over the future and therefore is not seen as helpful.

Although Janoff-Bulman's (1979) model is very widely cited in the research literature, it is inconsistent with most counseling approaches, which

actively discourage all forms of self-blame. If, however, behavioral self-blame is associated with greater control and better adjustment, discouraging all self-blame actually could be harmful to survivors. In order to facilitate recovery, counselors need to know which kinds of attributions are most adaptive for survivors.

In an initial test of Janoff-Bulman's (1979) model, data on causal attributions and depression were collected at 3 days postrape from rape survivors seen at a hospital-based rape crisis program (Frazier, 1990). Results of this research suggested that both behavioral and characterological self-blame were associated with higher levels of depressive symptoms (see also Hill & Zautra, 1989; Meyer & Taylor, 1986). And, the two types of self-blame were significantly correlated, suggesting that it may be difficult to blame one's behavior without also blaming one's character. It was not surprising, therefore, that the two types of self-blame were not associated with other factors as predicted by Janoff-Bulman's model. Most importantly, behavioral self-blame was not associated with the belief that future rapes could be avoided. In addition, the belief that the past rape could have been avoided was not related to the belief that future rapes could be avoided. Survivors who felt they could avoid being raped in the future were less depressed, however. In other words, the data suggested that it is not helpful for survivors to blame themselves; it is helpful for them to feel they can avoid future victimization, but this feeling does not result from self-blame.

Several other findings also are worth noting. First, none of the attributions investigated were associated with less depression. For example, blaming society for the rape was as strongly associated with depressive symptoms as was self-blame. In addition, more often thinking about why the rape occurred was itself associated with more depression. Finally, although these data did not support existing models of the role of attributions in the recovery process, they did suggest that attributions were strongly related to postrape depression.

This initial research made a significant contribution by revealing that the predominant model of the relations between causal attributions and

postrape recovery, which posits a direct link between self-blame and beliefs about future control, may be incorrect. This research also was limited in several respects, however. First, many of the analyses were based on data collected at 3 days postrape, which is quite soon to assess recovery. It therefore is important to examine the relations between attributions and longer-term recovery. A second limitation is that the sample consisted of survivors who reported to a hospital-based rape crisis program and they may not be representative of most survivors, who do not seek help. Finally, postrape recovery was measured solely in terms of depression. The relations between attributions and other measures of recovery need to be examined, such as changes in basic beliefs about one's self and others.

The goal of this study was to examine the relations between causal attributions and long-term postrape recovery among a more representative sample of rape survivors. It was predicted that (1) both behavioral and characterological self-blame, as well as more often thinking about why the rape occurred, would be associated with poorer adjustment; (2) greater perceived control over the future would be associated with better adjustment; and (3) perceptions of control over the past and control over the future would be unrelated.

Method

Data were collected from 282 female undergraduate students recruited from psychology classes at a large midwestern University. Ages ranged from 17 to 56 (M = 26 years for total sample and 29 years for survivors) and the majority (80%) were Caucasian. Participants completed a survey containing questions on basic demographic information; measures of psychological symptoms (Brief Symptom Inventory; Derogatis, 1977) and basic beliefs about one's self and others (McPearl Belief Scale; McCann & Pearlman, 1990); and a self-report instrument designed to detect hidden rape survivors (Sexual Experiences Survey; Koss & Oros, 1982). Participants who had been raped completed five 5-point Likert scales regarding their attributions about the rape (i.e., behavioral self-blame, characterological self-blame, how often they thought about why the rape occurred, the extent to which the past rape was avoidable,

and the likelihood of future rapes).

Results

Consistent with prior research, 21% (n = 60) of the women in this sample reported experiences that met the legal definition of rape. The average length of time since the rape occurred was 8.81 years (SD = 7.40; range = 1 to 25 years). Analysis of variance procedures comparing rape survivors to the rest of the sample revealed that survivors had higher total BSI scores, t (277) = 2.19, $p<.03$. Differences between survivors and others emerged on 3 of the 9 BSI subscales (i.e., depression, hostility, obsessive-compulsiveness). Between-group differences on total MBS scores, which reflect disruptions in basic beliefs about self and others (e.g., trust, safety), were not significant, however, t (270) = .90, ns.

Despite that the rapes had occurred several years previously, correlations between the attribution and recovery measures were very similar to those found among victims seen at a hospital-based rape crisis program immediately postrape (see Table 1). Specifically, survivors who engaged in more behavioral and characterological self-blame, as well as more often thought about why the rape occurred, reported greater psychological symptoms and greater disruptions in basic beliefs about self and others. The belief that the past rape could have been avoided was associated with more symptoms but not more disruptions in basic beliefs. On the other hand, survivors who felt that future rapes were less likely reported better recovery.

Intercorrelations among the attribution measures also supported our predictions (see Table 2). As in previous studies, behavioral and characterological self-blame were significantly correlated. In addition, neither behavioral self-blame nor perceptions of past control were related to perceptions of the future likelihood of being raped. Finally, survivors who felt that the past rape could have been avoided also reported more often thinking about why the rape occurred.

Discussion

The primary goal of this study was to examine the relations between causal attributions and long-term recovery among rape survivors. Several

interesting findings emerge from these data. First, contrary to Janoff-Bulman's model (1979), both behavioral and characterological self-blame are associated with poorer recovery for survivors of rape. The strong correlation between these two types of self-blame suggests that the distinction between them, although theoretically intriguing, may not be practically important.

A second interesting finding is that neither behavioral self-blame nor perceptions of past control are associated with the belief that future rapes are less likely, which also is contrary to Janoff-Bulman's (1979) model. In other words, those who feel they had control over a past event do not necessarily feel they have control over that event occurring in the future. Brickman and his colleagues (1982) have made a similar distinction between taking responsibility for problems and solutions. Future research thus should examine future control beliefs - which can include control over the recurrence of the event or control over the recovery process - in addition to attributions about why the event occurred.

Finally, the distinction between past and future control is important because the only factor associated with better recovery among rape survivors is the belief that future rapes are less likely. This is consistent with other research suggesting that taking responsibility for problems is associated with poorer adjustment whereas taking responsibility for solutions is associated with greater well-being (Karuza, Zevon, Gleason, Karuza, & Nash, 1990). Thus, in terms of clinical practice, helping rape survivors regain a sense of control over the future - which does not seem to be facilitated by feelings of past blame or control - may be a more useful therapeutic strategy than focusing on the adaptiveness of different kinds of attributions for why the rape occurred. This approach is also suggested by the finding that more often thinking about why the rape occurred is <u>itself</u> associated with more symptoms.

In sum, the relations between attributions and recovery are essentially identical for survivors seen at a hospital-based rape crisis program immediately postrape and for female students raped several years previously, only 7% of whom reported the rape at the time it occurred. These results also

expand prior research by revealing that attributions are related to other symptoms of distress besides depression (e.g., fear, hostility) as well as to disruptions in basic beliefs about self and others.

Although we were able to replicate and extend our previous research, this study also is limited in certain respects. Most importantly, the direction of the relations between attributions and recovery cannot be determined due to the correlational nature of the data. A longitudinal study currently is underway that further explores the relations between postrape recovery, internal and external attributions, and different aspects of future control, including control over the occurrence of future rapes as well as control over the recovery process. This will allow us to examine the direction of the relations between variables and to assess changes over time in the relations between attributions, control beliefs, and recovery.

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Table 1

Correlations between the Attribution Dimensions and the Symptom Measures

Attributions	BSI	MBS
Behavioral self-blame	.31**	.41***
Characterological self-blame	.54***	.57***
Past avoidability	.24*	.19
Future likelihood	-.36**	-.37**
How often think about why	.37**	.36**

Table 2

Intercorrelations among Attribution Measures

	Character	Past	Future	Why
Behavior	.41***	.52***	-.14	.09
Character		.26*	-.38***	.11
Past control			-.09	.25*
Future control				-.19

Note. n = 60. * $p<.05$. ** $p<.01$. *** $p<.001$.